PTCFSB06 (03-01)
Approved for use 0:xxxxyh 7751/2006, OMB 0651-0032
U.S. Petoni and Tredomen's Officer U.S. DEPARTMENT OF COMMERCE
to a codection of information unless it deviates a side of the control of the control

PATENT APPLICATION FEE DETERMINATION RECORD							179127855			
Substitute for Ferm PTO-875										
•	SMALLE	SMALL ENTITY		OTHER THAN SMALL ENTITY		٥				
FOR NUMBER FILED		MANGER EXTRA		RATE	REE		RATE	PER	ŭ	
BASIC FEE G7 CFR 1.18(4)			•	·		•	OR.		8	2
TOTAL CLAIMS GIT GFR 1.16(x) minus 29 •							OR	X .		-
UIDEPENDENT CLAIMS		1	1			OR.			<	
(37 CFR 1.160d) minus 3 * *					×		• • •			≥
MALTIPLE DEPENDENT CLAIM PRESENT (27 OFR 1.11(4))					-		OR	-		Ē
" If the difference in column 1 is less than zero, order 'V' in column 2.					TOTAL	<u> </u>	OR	TOTAL		
CLAUMS AS AMENDED - PART II										
1 6			OR	OTHER		17				
6-7-0	(Column 1)	· · · · · ·	(Cotumn 2)	(Column 5)	SMALLE	YTTIN	1.	SMALL	ENTITY	1 (
	REMAINING AFTER UNEXCMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FES	BEST AVAILABLE COFT
Contracts to the contracts of the contract of the	8	Minus	<i>- 20_</i>	•	X 8	•	OR	x s •		-
III graft vege	X	Minus	- X	•	x 6		OR.	X \$ e		
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAMA (37 OFR LINES)					+: •		OR	+=	7	
					TOTAL ADOL FEE		OR.	TOTAL ADO'L FEE	7	1
							,		1.	1.
	(Column 1) CLAIMS	T	(Column 2) HIGHEST	(Column 3)			1			1
E 101305	REMARING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	/
S Back ries	8	Minus	- 20	.0	× 4 •		OR	× 4		Y
Distriction .	8	Minus	<u> </u>	.0	× 8•		OR.	X4•		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.18(0)					+=		OR	+=		
/				.•	TOTAL ADO'L FEE	<u>.</u>	OR	TOTAL ADD'L FEE]
5-18-06	(Column 1)		(Catumn 2)	(Column 3)	,		•	/.		
	CLAMS		HOGHEST	PRESENT		4001	1		ADDL /	*
l ⊑	AFTER.		PREVIOUSLY	EXTRA	RATE	TIONAL		RATE	TIONAL	l
- Total '	MENDMENT	Minus	PAD FOR			FEE	1		<u> </u>	1
C Chourner .		Minus	-04,		X 6		OR	× 8	<u> </u>	1
E CONTROL	X		X	L	X 8	 -	OR	× *		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (ST CITS L'149)					+4		OR	<u> </u>		4
					ADD'L FEE		OR	ADDL FEE		l
* If the entry in column 1 is less than the entry in column 2, with "If is column 3. "If the "Highest Number Previously Paid For" IN THES SPACE is less than 30, enter "20". "" If the "Highest Number Previously Paid For" IN THES SPACE is less than 3, enter "2". "" If the "Highest Number Previously Paid For" IN THES SPACE is less than 3, enter "2".										
The Mighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This reference of information is previously and 27 CFR 1 to information is previously to citatin or catain a benefit by the cuttin as the first by the cuttin as the										

This collection of information is required by 37 CFR 1.96. The information is required to obtain or retain a benuit by the public which is to the (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.96. This collection is estimated to take 12 minutes to complete. Including gatheting, preparing, and authoriting the complete learn to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time your require to complete this form entire suggestions for reducing this braids, should be sent to the Chief Internation Office, U.S. Department, P.O. Box 1460, Alexandria, VA 22313-1450, DO NOT SERO FEES OR COMPLETED PORMS TO THIS ADDRESS. SERIO TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.